Effectiveness of Video Assisted Teaching Programme (VATP) regarding screening of mental illnesses on knowledge, attitude and perceived benefits among Leaders of Women Self Help Groups in selected blocks of Trichy district, Tamil Nadu

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ABSTRACT

Background of the study: Mental health is a state of wellbeing in which an individual realizes his own abilities, can work productively and fruitfully and is able to make a contribution to his community. Mental health is a major concern worldwide because 14% of the global burden of disease is attributed to neuropsychiatric disorders. However, the progress in mental health service delivery has been slow in low-income and middle-income countries. Problems with public health priority setting, funding, resource allocation and resource utilization are the contributing factors to this slow progress. Lack of mental health awareness among public and their stigmatized attitudes towards mentally ill people are compounding to the burden of mental illness by minimizing the help seeking behaviour of the affected people. A new paradigm
must be identified that addresses stigma, enhances promotion, ensures early identification and stimulates community based initiatives.

**Objective:** The aim of the study was to evaluate the effectiveness of Video Assisted Teaching Programme (VATP) regarding Screening of Mental illnesses on Knowledge, Attitude and Perceived Benefits among Leaders of Women Self Help Groups in selected Blocks of Trichy District, Tamil Nadu.

**Methodology:** A mixed method research using True Experimental design and Evolved Grounded Theory approach was employed. Multistage random sampling technique was used to recruit 100 Leaders of Women Self Help Groups (Surabhi) to experimental and 100 participants to control group. Four participants for Individual Interview and twelve of them for Focus Group Interview were selected within the experimental group using purposive sampling technique. Socio demographic profile, Exposure to mentally ill patients and Knowledge regarding Screening of Mental Illnesses were assessed with the
help of structured and validated tools. Attitude towards mentally ill was assessed using Community Attitudes towards Mentally Ill (CAMI-III) Scale. Four sessions of Video Assisted Teaching Programme regarding Screening of Mental Illnesses were delivered to participants. The measurement of variables was done at three times i.e. before intervention, immediately after intervention and four weeks after intervention. semi structured interview guide was used to collect qualitative data from the selected experimental group members. Collected data were analyzed using SPSS 20.0 and N VIVO 12 software.

**Results:** The mean age of the participants was 38.01. Primary education and employment as a daily wage worker were reported by more than half of the participants. Both the control and experimental groups were found to be homogenous with regard to socio demographic profile and exposure to mentally ill patient.

The mean knowledge score of the control group in pre test was 4.15 (SD=1.51) on questionnaire and 10.07 (SD=2.99) on vignettes and that in post test was 4.13 (SD=1.36) on questionnaire and 10.83(SD=3.41) on vignettes. The mean knowledge score of experimental group was 3.74 (SD=1.56) on questionnaire and 9.26 (SD=3.16) on vignettes. The knowledge scores of experimental
group during final post test was 6.02 (SD=1.80) and 19.28 (SD=2.94) on questionnaire and vignettes respectively. Independent’t’ test revealed that the mean difference between pretest and post test knowledge score was statistically significant between control and experimental group participants both on knowledge questionnaire and on vignettes (p<0.05).

During pre test, control group participants scored 33.57 (SD=5.14) on Authoritarianism subscale, 36.18 (SD=6.67) on Benevolence subscale, 30.69 (SD=7.70) on Social Restrictiveness subscale and 28.14 (SD=7.69) on Community Mental Health Ideology subscale. Participants from experimental group scored 31.96 (SD=4.49) on Authoritarianism subscale, 36.52 (SD=6.85) on Benevolence subscale, 27.42 (SD=7.72)
on Social Restrictiveness subscale and 32.13 (SD=7.70) on Community Mental Health Ideology subscale. There was a baseline difference between the control and experimental groups with regard to their attitude in all the subscales except benevolence. However, it was found that the mean difference between pre test and post test attitude scores was statistically significant between control and experimental group participants (p<0.001).

Results of RM-ANOVA test revealed that mean difference in knowledge scores based on questionnaire showed a statistically significant difference between three assessments i.e. Pre test, post test 1 and post test 2 (F(1.681,332.764=168.377, P<0.001). The knowledge scores improved from pre test to post test 1 (3.95±1.54 Vs 6.00±2.45) as well as from pre test to post test 2 (3.95±1.54 Vs 5.08±1.85). However, there was a decrease in knowledge score from post test 1 to post test 2 (6.00±2.45 Vs 5.08±1.85). It was also found that mean difference in knowledge scores based on Vignettes was statistically significant between three assessments i.e. pre test, post test 1 and post test 2 (F(1.645,325.654=586.870, P<0.001).

Knowledge measured both by questionnaire and vignettes had a statistically significant positive correlation with the benevolent
attitude and Community Mental Health Ideology attitude (p<0.01) and a negative correlation with Authoritarian and Socially Restrictive attitudes (p<0.01). Analysis of variance showed that age group (F=3.632, p=0.028) religion (F=5.643, p=0.004) and educational status (F=2.457, p=0.047) had an influence on knowledge. Educational status was also found to influence authoritarian attitude (F=3.294, p=0.012) and socially restrictive attitude (F=2.709, p=0.031) while occupation was found to influence on benevolent attitude (F=6.554, p=0.001).

Qualitative analysis resulted in the emergence of 18 open codes. These codes were collapsed into axial codes such as ‘dwelling in’, ‘being far away’, ‘filling the gaps’, ‘moving forward’ and ‘reaching out’. Then three selective codes namely Engagement,
Enlightenment and Empowerment were explored. A core concept of ‘Transition to empowerment’ emerged out of the inquiry.

**Conclusion:** Multifaceted interventions targeting at eliminating false beliefs about mental illness, bringing a right attitude towards mental illness, improving help-seeking behaviours of public and facilitating a population friendly mental health delivery system are required very urgently. An educational intervention used in the current study was found to be effective in improving mental health knowledge and attitude and also provided them the opportunity for transition from a state of ignorance to a state of enhanced mental health knowledge. Similar mental health literacy interventions must be developed and implemented at all levels to fill in the gaps between the mental health demands and delivery of mental health services.

**Key words:** Video Assisted Teaching Programme, Knowledge, Attitude, Perceived Benefits, Community Attitudes towards Mentally Ill, Empowerment, Transition